



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 2674

SERIAL NUMBER 09/891,420	FILING DATE 06/27/2001 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 12013/51801
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## APPLICANTS

Charles D. Lennox, Hudsom, NH;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/219,373 12/23/1998 PAT 6,206,283  
 which is a CON of 09/080,237 05/18/1998 PAT 6,280,411

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/26/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NH	3	25	3
Verified and Acknowledged  Examiner's Signature	Initials				

## ADDRESS

23838  
 KENYON & KENYON  
 1500 K STREET, N.W., SUITE 700  
 WASHINGTON , DC  
 20005

## TITLE

Localized delivery of drug agents

FILING FEE RECEIVED 800	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 2674

SERIAL NUMBER 09/891,420	FILING DATE 06/27/2001 RULE	CLASS 235	GROUP ART UNIT 2876	ATTORNEY DOCKET NO. 12013/51801
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## APPLICANTS

Charles D. Lennox, Hudson, NH;

## \*\* CONTINUING DATA \*\*\*\*

THIS APPLICATION IS A CON OF 09/219,373 12/23/1998 PAT 6,206,283  
 WHICH IS A CON OF 09/080,237 05/18/1998  
 THAT IS IT

✓ 51,041  
 2,551 379

delete

## \*\* FOREIGN APPLICATIONS \*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/26/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

23838

## TITLE

Localized delivery of drug agents

FILING FEE RECEIVED 800	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit